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ABSTRACT

The Pediatric Language Clinic Program in Blount County, Tennessee, serving 36 to 54 communicatvely handicapped children (0 to 5 years old) is described. The program stresses intensive habilitation with groups of two to five parents and children in one hour sessions one to four times a week. The program encourages maximum parental involvement: is staffed by a pediatric language specialist, a clinical social worker, and two aides: and provides integrated educational, affective, and financial counseling to families. Briefly noted is involvement of students in the Department of Audiology and Speech Pathology at the University of Tennessee, program rationale, and program philosophy. A case example demonstrates the effects of unified counseling in affective, education, and financial areas. Program procedures including enrollment, the parent home training component, and consultation are outlined. The infant and preschool program components are detailed in terms of population, parent home training, goals, program schedule, infant objectives, parent objectives, curriculum, and sample session topics and activities. Sample lesson plans appropriate for use in the small groups are included. Among 8 appendixes are an outline for parents of steps to teach vocabulary, a sample token chart for self help skills, a program information handout sheet, and examples of infant stimulation activities. (DB)

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PEDIATRIC LANGUAGE PROGRAMS

PEDIATRIC LANGUAGE CLINIC - An Educational and Counseling Outreach Program: For the Family of the Communicatively Delayed Infant and Child, 2nd Edition.

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PREFACE

The information originally contained in this guide has been revised to reflect program changes which have evolved over three additional years' operation. While the basic philosophy and format have remained the same, further information has been presented which will assist other professional workers in programs for language delayed children and their families.

The Pediatric Language Clinic is funded in part by the Tennessee Department of Human Services and the University of Tennessee at Knoxville.

PEDIATRIC LANGUAGE CLINIC: BLOUNT COUNTY

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PEDIATRIC LANGUAGE PROGRAMS

The Pediatric Language division of the Department of Audiology and Speech Pathology at the University of Tennessee consists of two components: The Pediatric Language Clinic and the Pediatric Language Laboratory. Both programs utilize an interdisciplinary team approach in working with exceptional children and their families in stimulating language development. The theme undergirding each program is intensive habilitation.

PEDIATRIC LANGUAGE LABORATORY

The Pediatric Language Laboratory (PLL) is a day care center which provides direct services for 20 mild to moderate language retarded children, ages one through three. The PLL incorporates diagnostic and treatment services into regular teaching strategies. Parental involvement is encouraged whenever possible.

PEDIATRIC LANGUAGE CLINIC

The Pediatric Language Clinic (PLC) is located in Blount County in East Tennessee. It is funded through Title XX to serve 36-54 communicatively handicapped children and their families. The PLC is staffed by a Pediatric Language Specialist (synonymous terms used: speech-language clinician, communication specialist) and a Clinical Social Worker who are assisted by two part-time aides. The goals of the program are (1) enhancing and improving family interactions and (2) providing in-clinic therapy in which the parent actively participates. This is accomplished through (1) family counseling, (2) family education, (3) in-clinic habilitation, (4) home-based demonstration therapy, and (5) individual play therapy as indicated.

A child between birth and five years of age may be enrolled in the PLC if the family meets Title XX eligibility criteria, and if the child is developmentally delayed in communication skills. In this context, "communication" refers to the ability to understand and use aural-oral skills as well as those pre-academic skills involved in pre-reading, pre-writing, pre-math, fine and gross motor skills, cognition (problem-solving), and socialization/behavior.

The kind of habilitative program offered to each child/family in the PLC depends

upon the age and level of functioning of the handicapped child, and upon the level of functioning of the parents. Two distinct programs are provided: (1) an infant program, and (2) a preschool program. The major thrust of these programs, and of the PLC in general, is to provide educational, affective, and financial counseling to families. Consultation with teachers and/or primary caretakers is included in order to improve the overall well-being of the child and his family.

STUDENT INVOLVEMENT

The Pediatric Language Clinic provides a unique training program for students enrolled in the Department of Audiology and Speech Pathology at the University of Tennessee who wish to pursue a career as a Pediatric Language Specialist. Under the supervision of a certified speech-language pathologist, students receive practicum experience in infant education, habilitation of moderate-to-profound language disorders, and specific learning disabilities. This practicum includes training in pre-academic, social, and motor skills as well as in oral language. Students gain experience in parent training through interaction both in the classroom and during home visits. Conferences with the social worker enable the students to understand the relationship between the handicapped child and the entire family constellation. The student also can attend M-Team meetings and learn to interact on a professional level with other agencies.

RATIONALE

Early intervention programs are no longer a new concept. Headstart and other similar programs were founded on the premise that early intervention with compensatory education should provide permanent gains in cognitive functioning. These pioneer programs have now existed long enough to allow evaluation of their long-term effects. Studies have shown that gains in cognitive and social development are indeed made during the first or second year of enrollment, but that these gains decline sharply after enrollment in regular school. Another conclusion which has been drawn regarding early intervention programs is that the children who make the least improvement are those who come from the least stimulating environments.

While such programs serve primarily children who are three and four years old, the infant should not be overlooked, that is, the early months from birth through 18 months. Similarly, toddlers (ranging in age from 18 months through 36 months) should receive our concern. It is during this period that a child acquires the motor, social, and problem-solving skills which are prerequisites to learning oral language. Infants born in poverty, even though they suffer from no other debilitation, sustain a greater chance for becoming functionally delayed than do their counterparts born in middle-class or upper-income families. These infants are at great risk for developing their potential unless appropriate intervention can offset these disadvantages.

Research has shown that if parents recognize that their infant's performance is below age level in the first months of life, they are frequently frustrated by their lack of knowledge regarding their child's special needs. Their fears and anxieties build as they see their child developing at a slow pace. This is true of parents regardless of income. Those of adequate financial means are perhaps more aware of available resources and can afford to seek assistance whereas low-income families cannot. It is now recognized that providing maximum stimulation for infants in a varied environment allows for appropriate development. This involves not only visual, auditory, and cognitive experiences, but also experiences related to kinesthetic and tactile exploration.

With the need for early and intensive intervention recognized, the next question becomes how to provide such intensity of service. This is particularly a problem given the limited number of personnel usually available to serve the large numbers of children who could benefit from such a program. The answer seems to lie with parent and family education.

The parent or primary caretaker teaches language to the normal child within the framework of the parent-child interaction. To ignore this process as a means to teach and treat the child would be to exclude the child's principal educator. Thus it would seem that the best person to help a child learn is the person who spends the most time with that child. In most cases, this is the mother, although it may be a relative,

a babysitter or day-care center personnel. There are other reasons for involving parents in a language habilitation program: (1)Their understanding of the child's problem and of his treatment is increased, thereby creating more realistic expectations of the child's performance; (2) It helps parents understand the dynamics of the child's development; (3) It helps parents to cope with their negative feelings and the fears which all parents of handicapped children feel at one time or another; and (4) The attainment of daily or weekly objectives can be seen as steps to improve the situation and thereby minimize depression. Research has shown that parent involvement not only brings about better and faster results for the children, but provides direction for the parents.

Parent training is highly desirable in, if not essential to, the education of the language delayed or handicapped child. Consider the following results regarding early intervention programs with parent involvement:

1. Parent-child intervention resulted in substantial child gains in I.Q. which were still evident three to four years after termination of the program.
2. Effects of intervention were cumulative.
3. Greatest gains were made by the youngest children enrolled.
4. Parent intervention was of benefit not only for the target child but also for his younger siblings.
5. Children involved in intensive programs prior to preschool achieved greater gains.
6. Parent intervention influenced the attitudes and behavior of the mother not only toward the child but in relation to herself as a competent person capable of improving her own situation.
7. Families willing to become involved in parent intervention programs tended to come from the upper levels of the disadvantaged population. At the most deprived levels, families are so overburdened with the task of survival that they have neither the energy nor the psychological resources

necessary to participate in such a program. (Bronfenbrenner, 1976)

Parent involvement provides both the home-based intervention and one-to-one teacher-child stimulation which appear to be the most appropriate and effective for the early preschool child. It also trains the parents to utilize and reinforce both the concepts presented to the child later in his school years and the situations afforded by real life experiences. Specific communication skills must be taught in a normal, meaningful, conversational setting. In order for this process to take place, the parents must have the time, energy, concentration, and concern to interact with their child in varying experiences. Therefore the first and most essential requirement in programs for the young child must be to help provide the necessities of life as needed in order for the family to function competently as a child-rearing system. In situations where families are so disorganized that they cannot provide a supportive environment, an intensive external support system may make a difference. Hence, effective programs for early intervention must include educational, public assistance, physical and mental health components, as well as treatment for the specific area of the child's delay.

Since 1973, the Pediatric Language Clinic has conducted an innovative program designed to provide the necessary components for comprehensive and successful early intervention.

PROGRAM PHILOSOPHY

The underlying philosophy of the Pediatric Language Clinic is based upon its unique definition of the term "counseling". Traditionally, counseling is provided to parents of handicapped children in two distinctly different forms. Educators offer suggestions for training the child at home but deal little with the physical and emotional needs of the parent. Psychiatrists, psychologists, and/or social workers are available to meet these family needs, but generally the parent must seek out these professionals and obtain their help separately from their child's educational source. Even in those far-sighted school systems which are now employing psychologists and/or counselors, these personnel are available only to the school-aged child and his family.

The Pediatric Language Clinic, through its interdisciplinary team approach, seeks to combine education and affective counseling in order to more effectively meet the total needs of families of preschool handicapped children.

AN INNOVATIVE APPROACH

The Pediatric Language Clinic, through the combined efforts of a pediatric language specialist and a social worker, utilize two general types of counseling, education and affective, to implement changes in both children and their families. Within this dual counseling framework other areas of concern require attention. These include financial counseling, child-rearing techniques, and professional consultation for teachers and other individuals who might be involved with the child and the family.

Although these areas of counseling are often viewed as separate entities, and will be presented thusly in the following paragraphs, it must be remembered that the innovativeness of PLC rests with its recognition that all are interactive and must be addressed simultaneously for maximum benefit to the client.

Affective Counseling

Affective counseling is important in a language habilitation program stressing parent involvement because it helps to remove barriers to parent cooperation and help. The social worker in the PLC utilizes appropriate individual and family counseling techniques to enhance interpersonal and intrafamilial relationships. Through his knowledge of human behavior and personality theory, and an understanding of the ramifications of the presence of a handicapped child, the social worker helps the family identify its strengths and utilize them in an effort to overcome their problems. At times, the families of handicapped children are faced with the overwhelming responsibilities of their children. Individual and family strengths become distorted and often hidden beneath seemingly insurmountable problems. Add to this the further debilitating effects of poverty, and the problems become awesome. By increasing communication within the family network, the family members become better prepared to handle existing and future problem situations.

It is the premise of the Pediatric Language Clinic that an appropriately trained

speech-language clinician should be involved in the parent counseling/training because it allows for more effective results. By recognizing him as part of a dynamic family unit, the clinician gains insight into the circumstances, resources, and interactions which effect the child's behavior, and therefore learns where resistance or support is apt to be found in treating the child. As stated before, the progress of the child is maximized by having all involved with the child working together toward the same goals, and by having more frequent "lessons" than the clinician alone could give to the child.

The social worker also helps the family work through the normal but guilt-producing feelings which accompany the realization of a child's handicap. The family can be helped, not pushed, in working through the adjustment process of denial, anger, guilt, depression, and grief into a stage where their energies can be focused on habilitating the child. They can be assured that some negative feelings toward that child are to be expected, and can be alerted to the possibility of abuse or neglect either of the handicapped child or of other children. The potential for marital discord can be discussed and perhaps averted with improved communication and understanding of the pressures each partner is undergoing. At times, a "sympathetic ear" and a little emotional support from either the social worker or the communication specialist is of great benefit. A relationship in which this help is available could not be provided in the traditional therapeutic model for rehabilitating children with speech and language problems.

Financial Counseling

Discussion about finances falls into the realm of affective counseling because of the strain put on interpersonal relationships by the lack of money for adequate shelter, food, and clothing. Whether the severity of the child's handicapping condition has created financial difficulties for the middle-class family or whether the family is in the low-income bracket, it can be futile to attempt remediation through educational counseling if the family is faced with the tension, anxiety, and frustration of financial pressures. During the initial stages of a family's involvement in the PLC program, the financial status of the family is explored. Steps are taken to remedy any incapacitating

financial problems insofar as possible. These steps include referral to agencies (e.g., the Department of Human Services) or programs (e.g., Food Stamps, CETA, Second Start) that can provide aid to the identified family, or perhaps help the family find suitable housing. Acquainting them with community resources is one way PLC provides the families with support.

Educational Counseling

It is in the area of educational counseling that the roles of the pediatric language specialist and the social worker overlap. This is due to the comprehensive nature of PLC's educational counseling. Both social worker and pediatric language specialist are involved in educating the families regarding the following topics:

(1) The physical needs of the child: nourishment/nutrition, sleep, exercise, hygiene, proper medical and dental attention.

(2) The social development of the child: in particular, self-help skills and cooperative play.

(3) The management of the child's behavior in general and also in specific problem situations.

In addition, the social worker provides the families with information on the emotional needs of the child. These include separation-individuation, self-identity, the need for affection and attention, and positive self-regard.

The pediatric language specialist provides more traditional educational counseling for the family. Following evaluation, she designs a curriculum for the child, then teaches and demonstrates to the parent how to treat the child at home. These in-clinic sessions enable the parent to observe and practice in a structured situation the treatment techniques which she is then asked to carry out at home. The underlying rationale for the various teaching techniques and activities is carefully explained in terminology understandable by the parent. The mother is then asked to repeat these explanations in her own words to be sure she understands them. The mother is also presented with information regarding the order in which children develop speech, language, cognitive, and motor skills. Through this procedure, the mother is being

educated in a way that allows her to generalize her teaching to other situations and to other children while the problems of the target child are being remediated.

Another component of the Pediatric Language Clinic which combines the affective and educational aspects of the program is the Parent-Staff Association (PSA). Primarily educational in nature, the PSA explores in depth topics of interest to parents of pre-school children. The PSA is also intended to provide a support system for the parents. Child passenger safety, toy safety, and nutritional meals on a tight budget are some of the topics discussed. The parents are involved in fund-raising projects for PLC and in family day picnics in order to enhance feelings of cohesiveness. It is hoped that these meetings will encourage parents to share their experiences with each other and to provide the type of support that can only come from someone "who's been there".

CASE STUDY--THE PLC IN ACTION

To better illustrate the functioning of the Pediatric Language Clinic, a case study is presented.

To assess the affective functioning of the child in this particular case the social worker utilized a theoretical orientation developed by Margaret Mahler, et al.* This theoretical framework is referred to as the separation-individuation process. For purposes of understanding the relevance of the separation-individuation process to this client and to PLC, a brief discussion is presented in Appendix A.

In the case of Barry James** this theory appears to have validity. Barry, present age 5.8 years, was referred to PLC by his mother for what she described as unintelligible speech. Developmental milestones were reported as normal with the exception of the speech and language delay. Evaluation by the pediatric language specialist revealed a severe articulation disorder characterized by omission of all final consonant phonemes and substitution of the glottal stop for all medial consonants except /b/, /d/, and /dʒ/ which were used correctly; all initial consonants were correct except /θ/, /v/, and /z/. Receptive language skills were near age level, but expressive

*For a detailed discussion of this theory, the reader is referred to The Psychological Birth of the Human Infant by M. Mahler, Basic Book, 1975.

**Barry James-a fictious name

language was at the level expected from a 2½ - 3 year old. The mother and father were divorced when the child was 1½; the marriage had been described as being "stormy". Mrs. James stated that she . . . "considered her son the only important part of her life." When Barry first came to the clinic, he exhibited severe separation anxiety. His ventures toward independence were met with a tightening of the apron strings by his mother. As the sessions continued, Barry's behavior became more oppositional, and the overdependent relationship between mother and child became more apparent. Both PLC counselors felt that the emotional and behavioral problems of the child needed to be addressed before significant gains in speech and language skills could be attained.

The following framework was conjectured. The overprotective attitude of the mother was both caused by and due to her overindulgence of her son from birth. It was clear that the child had not been allowed to proceed past the symbiotic phase of development; that is, he had not been allowed transition into the practicing phase where he could begin exploring the world. Instead, the mother held on, not allowing the development of appropriate separation. The divorce, during the age in which re-approachment normally occurs, caused further disruption of the separation-individuation process. Due to the father's absence, the mother became even more attached to her son, and added even more confusion to the already ambivalent nature of this phase. The child never experienced separation anxiety because his mother was never absent. He was never allowed to explore his environment although his oppositional behavior indicated that his desire to do so was present. The end result of this situation was a very confused four-year-old child whose attempts toward separation were thwarted by his mother much to his relief at times.

Using this information, the social worker, the communication specialist, and Mrs. James formulated a plan to make needed changes. Weekly individual counseling sessions were set up for the mother. Also, play therapy sessions were held with the child once per week. The focus of these counseling sessions was the child's need for separation

and the mother's need to remain attached to her child.

The communication specialist met with Mrs. James and Barry twice per week, first in the clinic, then at home. During in-clinic sessions the communication counselor also helped Mrs. James encourage Barry's independence through such tactics as having them sit on opposite sides of the small table used in language activities, giving Barry directions to follow which involved his getting and putting away materials across the room, and requiring that he get a drink from the fountain outside the room by himself if he requested a drink. In this particular case, it was felt that the best course of action at the time was to gradually withdraw the mother from active participation in the in-clinic speech-language sessions, while giving her lesson plans to be carried out at home with her son.

Language activities with Barry, both in-clinic and at home, involved vocabulary and sentence expansion using the Peabody Language Development Kit, Level P. The communication specialist also trained Mrs. James in the correct procedure for teaching new words. (See Appendix B)

Since Barry's most obvious and debilitating handicap was his severe articulation disorder, this became the area of concentration. Mrs. James was taught to help Barry identify and discriminate between all consonant phonemes in isolation, in syllables, and in words. Barry began to self-correct some substitution errors in the initial position of words, but continued to omit medial and final consonant sounds. He could, however, produce all consonants through his developmental level in these positions in words following heightened auditory stimulation.

After several months of resistance from both mother and child, progress toward separation-individuation was made although the process is still not complete. In his developing anxiety over the ambivalence of the separation process, Barry regressed in the area of articulation and expressive language. His anxiety also was reflected in his behavior during clinic and home sessions. Whereas Barry was beginning to make progress in the use of final consonants, when he began to rebel against the separation process he suddenly could not produce any target phoneme without his mother or the

communication specialist producing it first. He became nervous and fidgety or vacant and "spacey". It is believed by the counselors that once Barry's feelings of ambivalence are resolved and assimilated into his personality that he will progress toward more age-appropriate behaviors. Meanwhile, to counteract this behavior in a positive, non-threatening manner, the articulation program has been dropped back to a level where Barry can respond by pointing, and all sessions concentrate on his present level of linguistic function. In addition, Mrs. James is being counseled regarding behavior management. (See Appendix C for more information.) The social worker provides support for her to continue toward achieving separation, while the communication specialist gives suggestions pertinent to Barry's behavior during speech/language sessions. Both counselors have helped her to develop a token chart system to encourage Barry independent performance of basic self-help skills such as brushing his teeth and taking a bath. This system is shown in Appendix D.

The most important factor in this case was the mother's realization that there was a problem and her desire to make changes. This is not always the case with PLC families.

In addition to providing affective counseling for the mother, PLC provided educational counseling in three areas, those of (1) speech/language development (2) behavior management, and (3) psycho-social development. As a Title XX eligible family, Mrs. James and Barry also needed assistance in financial matters. With the help of the social worker, Mrs. James learned about the CETA program (Comprehensive Educational Training Act). At the end of her 6-month training period, she obtained an educational grant to attend Vocational Training School in a two-year executive secretary program with job placement upon graduation. Mrs. James was made aware of the federal food stamp program, and Aid to Families with Dependent Children (AFDC). Direction for the future with provision of some degree of financial and job security have made the conflict surrounding the mother-child separation a much easier situation with which to deal.

It can then be seen that counseling in the realms of affection, education, and finances have had a very positive effect on the functioning of this family. Since

interpersonal problems within a family may impede language development of a child, coordination of efforts by the social worker and the pediatric language specialist results that in all probability would be difficult to observe in a more traditional setting.

PROGRAM PROCEDURES

A. ENROLLMENT

1. Anyone may make a referral to the Pediatric Language Clinic. All referrals will be screened by a PLC staff member to determine their appropriateness and eligibility for the Title XX program.
2. A diagnostic evaluation will be performed by the social worker and the pediatric language specialist. A routine assessment includes a case history, a parent interview, and an evaluation of the child's abilities in the areas of receptive and expressive language skills, fine and gross motor skills and visual motor skills.
3. Following the diagnostic evaluation, a staffing is held to discuss the results with the parents. Any professional who is currently involved with the child and/or the family is invited to attend. Program recommendations will be made at this time.

B. PARENT HOME TRAINING

1. A behavior is selected for the parent to work on with child at home.
2. The child's behavior is observed and the baseline data is collected by the pediatric language specialist.
3. The specialist explains the behavior, the training procedure, and the recording method to the parent.
4. The specialist demonstrates the training procedure.
5. The parent practices the training procedure while the specialist offers suggestions.
6. The parent uses the training procedure at home with the child. (See Appendix B)
7. The following week the specialist takes the post-baseline data on the child.
8. The results are discussed with the parent.
9. Based upon post-baseline data and discussion with parent, a new behavior is selected for the child and parent, or the same behavior is reassigned.

C. CONSULTATION

Any professional worker (teacher, physician, case worker, etc.) who is directly involved with the handicapped child and his family may participate in consultations with the appropriate staff member(s) of the Clinic. Attempts are made to contact such workers before a family begins active participation in the program. These workers are invited to attend a staffing at which time the program recommendations are discussed. If a professional so chooses, regular conferences to discuss the clients are scheduled, with the clients' permission and all appropriate reports are forwarded. Consultations serve the purpose of coordinating efforts of professionals to better help the child and his family.

PROGRAM DESCRIPTIONS

INFANT PROGRAM

A. Population: High risk and handicapped infants (ages birth through 18 months) and their parent(s) or primary caretaker.

B. Goals:

1. To counsel parents regarding their child's over-all development with an emphasis on oral language.

2. To teach parents to stimulate their children in the following areas of development: comprehension and expression of oral languages; social, emotional and physical development; and problem-solving skills.

C. Program Schedule: The parent-infant sessions are conducted once per week for six weeks. Two to five parents and their infants are enrolled. Each session consists of the following components:

1. Informal discussion of the day's topic: rationale for activities.
2. Discussion of home activities carried out during the previous week.
3. Demonstration by the pediatric language specialist of an activity based on the day's topic.
4. Demonstration of the same activity by the parent.
5. Discussion of home assignments for the next week.

6. Discussion of related topics planned by the social worker.

If the group consists of more than two infants and their parents, an aide keeps the infants during the initial and final discussion periods.

ACCOUNTABILITY

Progress made by both the infant and parent will be measured in terms of behavioral objectives.

1. Infant Objectives

(a) By the end of the six week period, the infant will show a gain of _____ weeks in the area of pre-ambulatory motor skills and behaviors as measured by the Brigance Diagnostic Inventory of Early Development.

(b) By the end of the six week period the infant will show a gain of _____ weeks in the area of gross motor skills and behaviors as measured by the Brigance Diagnostic Inventory of Early Development.

(c) By the end of the six week period, the infant will show a gain of ____ weeks in the area of fine motor skills and behaviors as measured by the Brigance Diagnostic Inventory of Early Development.

(d) By the end of the six week period, the infant will show a gain of ____ weeks in the area of self-help skills and behaviors as measured by the Brigance Diagnostic Inventory of Early Development.

(e) By the end of the six week period, the infant will show a gain of ____ weeks in the area of pre-speech skills and behaviors as measured by the Brigance Diagnostic Inventory of Early Development.

(f) By the end of the six week period, the infant will show a gain of _____ weeks in the area of speech and language skills and behaviors as measured by the Brigance Diagnostic Inventory of Early Development.

2. Parent Objectives

(a) By the end of the six week period, parents of infants will show a proficiency of 80% in understanding child development as measured by a pre- and post-teacher made test.

(b) By the end of six weeks parents will increase their understanding of their child's handicapping condition as measured by observation and by the contact notes.

E. Curriculum

The following represents a sampling of activities carried out during each session as well as a sample lesson plan. Activities must be adapted to each individual infant and parent and their particular strengths and weaknesses.

*Sample Session Plan-----Group: three infants functioning at the 10-12 month level.

Goals	Activities	Materials
To give information to parents on developmental norms in the area of problem solving	I. Discussion with parents on the meaning of "problem solving". Give parents an "adult puzzle" to figure out. Discuss kinds of experiences they have had in order to figure out puzzle. Ask for concrete examples of their infant's or other children's ability to "problem solve" or "figure something out."	Adult puzzle
To encourage infants' problem solving: Object released into container.	II. Demonstration of activities with infants 1. Put colored blocks into a shoe box which has had two squares cut out in the lid. Have the infant put the blocks in, open the lid and take them out.	Blocks and shoebox
Object permanence	2. Hide a favorite toy under a cloth. Encourage child to pull off cloth to find toy. 3. Put objects in and take them out of clear plastic sack.	Cloth, interesting toy
To teach parents to stimulate their infants;	III. Parents demonstrate the above activities	
To encourage parents to carry over activities into the home	IV. Parents wrap contact paper around a "Pringle" can; cut a square in the plastic top. Parents take can home.	Contact paper, pringle cans, scissors

*Sample session plan, topics, and activities taken from PLC-An Education and Counseling Outreach Program For the Family of the Communicatively Delayed Infant and Child; Dodson, S., Honeycutt, J., and Meeks, K., 1977. More activities can be found in Appendix G.

Goals	Activities	Materials
Home carry over	V. Assign home activities: 1. Have child put objects into three different containers. Report back next week.	Written assignments on 3x5 cards.

F. Sample Session Topics and Activities

1. Understanding and Talking - definitions of language reception and expression and the difference between oral expression and articulation.

a. Birth-six months

(1) While the child is in his crib, shake rattle to one side for sound localization.

(2) While changing diapers, hit powder and another can together at each side of baby for sound localization.

(3) Imitate baby's cooing right before baby goes to sleep in crib.

(4) Tie jingling bells to crib.

b. Six-twelve months

(1) During bath time use short phrases such as "wash your face; ... hands, etc." Use short phrases while squeezing the wash cloth and splashing the water.

(2) While scrambling eggs for him to eat, sit baby in a high chair. Let him touch the eggs before they are cooked, then help him stir them with a spoon. Use short phrases such as "touch it", "it's sticky", "stir it", "it's hot", "open your mouth", "eat it".

(3) Practice babbling or "talking" on a toy phone.

c. Twelve-eighteen months

(1) Let the infant help make toast using language such as "get the bread", "it's soft", "spread the butter", "it's sticky", "let's toast it",

"it's hot-don't touch", "get the knife", "cut the toast", "eat it". Start a scrap book for the infant. Make it out of cotton cloth. Cut out animal figures or favorite objects from fuzzy fabric. Go through the scrapbook and name the pictures.

2. Exploring Baby's World -- how to give baby an opportunity to display his curiosity, encourage thinking skills and problem solving activities.

   a. Birth-six months

      Give baby different objects to reach for and to hold from around the house such as: tupperware top, plastic salt shaker with dice inside, tin pot, pie pan, measuring cup with a long handle.

   b. Six-twelve months

      See sample session plan, and Appendix G.

   c. Twelve-eighteen months

      (1) Provide containers of different sizes for nesting such as margarine tubs, cereal boxes, cans that fit into each other (without sharp edges), different sizes of hair rollers to nest.

      (2) Let the infant help stir cooking projects with a spoon.

3. Baby Moves Around -- stimulating motor skills

   a. Birth-six months

      (1) Encourage baby to turn from back to side by shaking a musical toy to one side just out of infant's grasp.

      (2) Pull into sitting position by holding baby's hands to strengthen neck control.

   b. Six-twelve months

      (1) Build strength by propping an ironing board against the sofa. Place a favorite toy half way up. Encourage baby to get the toy by crawling up (with supervision).

      (2) Encourage baby to pull himself over throw pillows or sofa pillows

to get a favorite toy on the other side.

c. Twelve-eighteen months

(1) Pull socks half way off. Take infant's hand and help him pull the sock completely off.

(2) Play ball at home. Take infant's arms through the motions of releasing the ball.

4. Toys You Can Make --- by exploring and playing with toys and discovering their workings, children develop and perfect skills. Toys made from materials around the house will be demonstrated.

(a) Birth-six months

"I see you" tube--cover empty toilet paper roll with contact paper.

(b) Six-twelve months

(1) Make two or three balls from foil. Put balls in the recesses of an egg carton and move from one recess to another.

(2) Make a poke box. Paste different texture pieces in the bottom of a shallow cardboard box. Cut circles out of the top of the box large enough for the child's finger to "poke" through.

(c) Twelve-eighteen months

(1) Make blocks out of large milk cartons.

(2) Cut a square or circle in the plastic top of a coffee can for the beginnings of form perception.

5. Everyday Talking--how to talk to baby and include him in activities while cooking, getting dressed, cleaning house, bathing, etc.

(a) Birth-six months

Talk to baby during dressing, feeding, bathing and diapering.

(b) Six-eighteen months

(1) In the bath-get a sponge to squeeze and drop in the water. Crochet a fish to go over soap--watch it float. Searching activities can be devised by visually following a bright toy, dropping it into the water to

see if the infant can find it. Pour water back and forth in cups and bowls.

(2) In the kitchen--roll a rolling pin, feel and smell various foods such as orange and apple peeling, touch hot toast, prcvide a shelf with pans and utensils especially for baby to play with.

(3) During house cleaning--put infant in a walker and let him help push a vacuum cleaner and feel the hot air come out. Let the infant have his own cloth to polish "round and round" on the tables.

6. Baby Is A Person--social and self-help skills

(a) Birth-six months

(1) Place a baby before a large mirror and encourage him to look and pat it.

(2) Sew eyes, nose, and mouth on a pair of socks to encourage foot play.

(b) Six-twelve months

Put cloth over baby's head, remove and say "peep-eye".

(c) Twelve-eighteen months

Give infant dust cloth or small comb and brush to encourage imitation of adult activities.

Pre-School Program

A. Population: Communicatively impaired children ages 18 months to 5 years age and their parent(s), or primary caretaker.

B. Goal: To assist families in helping their communicatively impaired children to reach their full potential.

C. Program Schedule: In-clinic sessions for the parent and child will be held two to four days per week for 1 hour per session. Frequency of the sessions is determined by the need of the child/family, accessibility to transportation, etc. Children are grouped according to levels of performance with no group exceeding four children; two is the average.

The pediatric language specialist will demonstrate specific techniques with the children while the parents observe or serve as aides. Parents will

be encouraged to practice these techniques with their children, and suggestions for home activities will be given. Objectives for the parents as well as for the children will be established and progress will be measured on a pre- and post-test basis.

Group and individual parent conferences will be held in the clinic on a regular basis by both the communications specialist and the social worker. During these conferences, information on child development, behavior management, home educational activities, etc. will be given.

Regular home visits will be made to each family by the social worker to provide necessary counseling as well as to ensure home carry over of the techniques suggested in the clinic. Home visits will also be made by the communication specialist to coordinate the home programming. These visits may be made weekly, monthly, or bi-monthly according to the needs of the child and family.

Both the communication specialist and the social worker will make regular contacts with appropriate professionals from other agencies who are closely involved with a particular child and/or his family. Every attempt will be made to coordinate programming so that the family will receive maximum benefits from each service.

Re-evaluation will be conducted every six months or upon the prescribed termination from the program. The duration of a family's enrollment in the program is dependent upon progress by both the child and family*.

D. Accountability: Progress made by both children and parents will be measured in terms of behavioral objectives.

1. Child Objectives: (For 3-5 year olds functioning from 12-36 month levels)

a. By the end of 6 month intervals, children will increase comprehension of basic phrases and nouns by _____% as measured by re-evaluation using the diagnostic test battery**.

* Other variables may affect continuation in the program, e.g., no longer meeting Title XX guidelines.

**Tests used include: Peabody Picture Vocabulary Test, Houston Test for Language Development, Parts I & II. Brigance Early Development Scale. Templin-Darley Test of Articulation.

b. By the end of 6 month intervals, children will increase attending behaviors by _____% as measured by a teacher-made test.

c. By the end of 6 month intervals, children will increase motor imitation ability by ____% as measured by a teacher-made test.

d. By the end of 6 month intervals, children will increase in toy-playing abilities as measured by a teacher-made test.

e. By the end of 6 month intervals, children will increase in self-help skills as measured by a teacher-made checklist.

f. By the end of six month intervals, children will increase in gross and fine motor skills by ____% as measured by a teacher-made checklist.

2. Parent Objectives:

a. By the end of the program year, parents will carry over activities in the home with 75% proficiency as measured by records of completed home assignments.

b. By the end of the program year, parents will show a proficiency of 80% in teaching activities as measured by a teacher-made test.

c. By the end of the program year, parents will have increased in their understanding of behavior management as measured by conference records and by observations.

d. By the end of the program, parents will have increased their understanding of normal child development as measured by conference records and by observations.

E. Curriculum

Following are some sample lesson plans for a group of children, age 3-4 years, functioning at the 2½ year level.*

*Adapted from unpublished material compiled by Deborah King, Charlotte Farrar, Sindy Weiss, Pediatric Language Institutes, 1979.

SAMPLE LESSON PLANS

. TOPIC: Farm and Garden

1. SKILL AREA: Language/Cognition

LANGUAGE EMPHASIS: To teach the names of a few common vegetables

PROCEDURE: The teacher should simultaneously name and show the children a carrot, a celery stalk with leaves, an ear of corn, a tomato, a green bean, and leaf lettuce. Let the children examine each vegetable and repeat its name. Put all the vegetables into a paper sack (one at a time). Let the children come up and pull out a vegetable, then repeat the name of the vegetable. The teacher should help the child with this if he/she cannot remember it.

MATERIALS: Grocery sack, carrot, celery stalk with leaves, tomato, ear of corn, green bean, lettuce.

2. SKILL AREA: Readiness

LANGUAGE EMPHASIS: To reinforce names of vegetables

PROCEDURE: Show the children a seed packet with a picture of each vegetable mentioned above. Pair the picture with the vegetable as you are naming it. Then lay the vegetables in a row on the table. Have the child lay the packet in front of the vegetable, thus matching object to picture.

MATERIALS: Seed packets with good pictures that match the vegetables used above.

3. SKILL AREA: Motor

LANGUAGE EMPHASIS: To teach vocabulary associated with making vegetable prints.

PROCEDURE: The teacher should have prepared stamps from vegetables as follows: (1) cut a carrot, celery, radish, crosswise, (2) cut mushroom, cauliflower flowerette, and onion lengthwise, (3) cut a potato in half crosswise and cut away all potato except a star or a square. Cut several of each vegetable. This will make a variety of stamps to make picture prints. Prepare several colors of paint by mixing tempera powder, water, and Ivory Liquid. For each color pour a small amount of the paint in an aluminum pie pan and spread it out with a brush. Demonstrate how to use vegetables to make prints. Emphasize the stamping action to prevent the children from trying to use

the vegetables like crayons to scribble. Give each child a piece of white paper and let them experiment with designs.

MATERIALS: Carrot, celery stalk, radish, mushroom, cauliflower, onion, potato, tempera paint, water, Ivory Liquid, aluminum pie pans, brushes, paper.

B. TOPIC: Farm/Garden

1. SKILL AREA: Language/Cognition

LANGUAGE EMPHASIS: To introduce concept of garden.

PROCEDURE: Bring in some common vegetables such as a tomato, an ear of corn, a green bean, and a flower or two. Explain to the children that these items all grow in a garden. Show a good picture of a garden cut from a magazine such as Better Homes and Garden or Southern Living. Tell the children there are flower gardens and vegetable gardens; that gardens are for growing these things.

MATERIALS: Tomato, ear of corn, green bean, marigold, daisy.

2. SKILL AREA: Readiness

LANGUAGE EMPHASIS: To expand concept of garden and growing.

PROCEDURE: Teach the children what is involved in growing a garden by illustrating, first with a flannel story, and then with the experience. Make appropriate flannel board figures to go with "Dig a Little Hole" *(Ring A Ring O'Roses, p. 59). Tell story once, then repeat getting children to imitate actions.

MATERIALS: Flannel board figures for "Dig a Little Hole" in *Ring A Ring O'Roses, P. 59.

3. SKILL AREA: Motor

LANGUAGE EMPHASIS: To enhance concept of growing and to increase vocabulary.

PROCEDURE: Make paper crowns shaped like flowers to go around each child's head. Play soft music. The teacher should demonstrate and have the children imitate a flower

*Children's Community Service Department. Ring A Ring O'Roses. Flint Public Library, Flint Board of Education, 1977.

growing from a seed and moving in the soft summer breeze. When the "flowers" are grown, the teacher should tell the children that she is going to pick some flowers for a bouquet. The teacher should then move among the children and, taking a child by the hand, pull him/her up and say "First, I will pick a pretty rose". Taking another child while the first child remains close, the teacher should say, "Then I will pick a little daisy". Continue until all children have been picked. To further enhance this activity, have a bouquet or arrangement or real flowers on a desk or table.

MATERIALS: Construction paper, flower petals on paper band, soft music, bouquet of live flowers in vase.

C. TOPIC: Body Parts

1. SKILL AREA: Language

NAME OF ACTIVITY: The Magician's Game

GOALS: To give the function of ears, eyes, mouth, legs, arms.

METHOD: The teacher will sit in front of the children who will be seated in a semi-circle with their parents. The teacher will have a blindfold over her eyes, tape over her mouth, ear muffs over her ears. Her legs should be tucked underneath her body so that she sits on her knees. Arms should be placed behind backs so that the hands and fingers are out of the child's view. One mother will say, "Look at Ms._____, she's so sad today. I think she's sad because she has tape over her mouth. I believe that I can help her if you children will help me figure out what it is that she cannot do." The teacher should respond with a long moan.

Parent (P) "If she has tape over her mouth, she can't do what?" The children should respond ("talk, eat, drink or any other function")

P - Let me see if I can make some magic so that Ms._____can ("Talk, etc.)

Teacher - "I'm so happy now I can (talk, etc.). "(Teacher then smiles) "But I still have a blindfold over my eyes."

P - "Oh my goodness!" "If she has blindfold on her eyes, she can't_____"

Children's Response - "Look or See"

P - "Maybe I can make some magic" (unties blindfold with a child's help)

Teacher - "I'm so happy now I can talk and see but (in a sad voice) I have something on my ears."

P - "Look! She has earmuffs on her ears." "So, she can't_____".

Children's Response - "Hear or listen"

P - "Let's see what magic we can do." "Will you two children help me to make Ms._____hear?"

Teacher - "I can hear! How wonderful. Now I can see; I can talk; and I can hear. But, where are my hands? I've lost my hands."

Children's Response - "Feel, touch, clap, etc."

P - "If we tap her shoulder three times, 1-2-3, she will have her hands." (Let a child tap the teacher's shoulder)

Teacher - (Hands flying up in the air) "Oh look! I've found my hands. Now I can feel, I can see, I can hear, and I can talk. I'm so happy, but, (in a sad voice) I have no legs.

P - "If she has no legs; how will she be able to_____."

Children's Response - Walk, run, jump, etc.

P - "My magic has worked very good today. I wonder if we can find her legs so that she can walk, run, and jump."

Teacher - (springs forward) "Here they are. Here are my legs and feet. Now I can (Walks around the circle hugging each child). I'm so happy now I can see, hear, talk, touch and walk. Thank you Ms. Magician and all your helpers."

MATERIALS: Tape, blindfold, earmuffs.

2. SKILL AREA: Cognition

NAME OF ACTIVITY: Identifying body parts

GOALS: To identify by touching the following body parts: eyes, nose, ears, mouth, and hair.

METHOD: Sit children and parents in a circle, give each pair a large mirror. Use a large doll to explain that there are parts of our body that can do certain things. Place your finger on the doll's eyes and say, "We see with our eyes, can you find

mama's eyes? Look in the mirror and find your eyes. Touch them for me." Mothers should help their children find the body parts. Ask the children "What are you touching?" Mothers should model correct answer if child cannot do it by him/her self.

MATERIALS: Mirror, large doll.

3. SKILL AREA: Fine motor

NAME OF ACTIVITY: Shapes and faces

GOALS: To improve pasting skills and fine hand movements.

METHOD: Cut large circles from construction paper. Also cut eyes, nose, mouth and ears. Emphasize that the shape that they have is called a circle. The teacher should hold up a finished face for the children to see. Then the teacher should show children how gluing the individual pieces onto the circle will produce a face. Place the facial parts in the center of the table and give each child a circle to make a face. Language expansion: Let the children identify happy, sad face. Mothers should guide children and provide language expansion for the children during this and all activities.

MATERIALS: Construction paper, scissors, glue.

D. TOPIC: Body Parts

1. SKILL AREA: Language

NAME OF ACTIVITY: Identification of body parts.

GOALS: To teach the function of body parts.

METHOD: Give each child and parent a piece of scented fabric to smell. Ask them if they like the smell. Ask them what we use to smell with. Open a music box. Let each child and parent place the box to his ear. Ask him what he's listening for and what we hear music with. Give each child a wrapped piece of candy. Have him/her tell you what we do with candy. Ask them where we put candy when we eat it. Let them eat the candy.

MATERIALS: Scented fabric, music box, candy.

2. SKILL AREA: Congition

NAME OF ACTIVITY: A Toy Soldier

GOALS: To identify correct placement of body parts and to name body parts.

METHOD: Use a doll with removable parts. Tell a story about a toy soldier with body parts that would come off because the toymaker forgot to glue them on. Pull off the doll's head and give it to a child. Ask him/her to name the body part and give him/her the doll so that he/she can place the part on the doll. Repeat for next child, using different body part.

MATERIALS: A doll with removable parts.

B. SKILL AREA: Gross Motor

NAME OF ACTIVITY: Head and Shoulders Baby

GOALS: To facilitate large motor coordination.

METHOD: Use the Ella Jenkins record and lead the children in singing the song "Head and Shoulders Baby".

MATERIALS:

E. TOPIC: Body Parts

1. SKILL AREA: Language

NAME OF ACTIVITY: IN THE MORNING

GOALS: To identify self-help skills that are performed during the morning, emphasizing that "we use our hands."

METHOD: First, sit everyone in a circle and go through the following routine. We do lots of things with our hands in the morning. Every morning_____(Child's name) wakes up and rubs his/her eyes (Teacher demonstrates) with his hand. _____lets her feet (Have child show you his/her feet) touch the floor. _____walks to the bathroom and picks up a washcloth (Give child a washcloth). Can anyone tell me what we do with a washcloth. (Teacher will inform if the children can't) That's right_____, washes her face (Demonstrate and the children should imitate). I know a little boy/girl who's mother helps him get dress. But, _____ can put on his socks all by himself (Have the child take off his socks and put them on or give the child a pair of socks to put on). Where do we wear our socks? _____ uses her hands to comb her hair (Give child the comb to demonstrate). But, _____ uses a brush. We use a brush to brush our _____. We also use a toothbrush to

brush our teeth. _____uses his/her toothbrush every morning. _____ is going to show us how he uses his toothbrush (Give the child the toothbrush). We use our _____ (raise your hands so the children can see) to help us get ready for school in the morning! Then, a parent will lead the children and parents in singing "Here We Go 'Round the Mulberry Bush". Include activities such as washing your face, brushing your teeth, combing your hair, getting dressed.

MATERIALS: Washcloth, soap, socks, comb, brush, toothbrush for each child.

2. SKILL AREA: Cognition

NAME OF ACTIVITY: What's missing?

GOALS: To enhance visual memory.

METHOD: Show a large picture of a body part. Let them name the picture and touch that part of themselves. Place the picture behind your back and ask the children to name the picture. Let a mother replicate the activity with another picture.

MATERIALS: Large pictures of a hand, foot, nose, mouth and eyes.

3. SKILL AREA: Gross Motor

NAME OF ACTIVITY: Mama Says.

GOALS: To enhance large motor coordination

METHOD: Explain to the children that "we're going to play a game. I'm going to tell you to do something and you have to listen to make sure you do the right things". Demonstrate the game with a parent pretending to be a child. Use simple commands (i.e. shake your head, hand, foot, etc.). Demonstrate after each command.

MATERIALS: None

F. TOPIC: Body Parts

1. SKILL AREA: Language

NAME OF ACTIVITY: Yes and No

GOALS: To teach the concept of yes and no

METHOD: Using a large doll, point to the doll's head and ask "Is this a foot?" The children should respond yes or no appropriately and give the correct body part. Do

not use words that are difficult (i.e. elbow, wrist, chin, calf, heel, etc.).

MATERIALS: Large doll

2. SKILL AREA: Cognitive

NAME OF ACTIVITY: What's missing?

GOALS: To identify missing body parts

METHOD: Use a large doll or animal with removable limbs. Pull off the doll's arm and keep it out of the children's eyesight. Have the children identify the missing body part after the mothers demonstrate by examining the doll and saying "Here's her head, here's her legs, where's her arm? Her arm is missing."

MATERIALS: Large doll with removable parts

3. SKILL AREA: Fine Motor

NAME OF ACTIVITY: Finger painting

GOALS: To enhance and strengthen fine motor hand coordination.

METHOD: Place small jars of washable paints on the table. Give each child a large piece of art paper. Let the children use their fingers to paint pictures. This will give the teacher an opportunity to model for the mothers on how to handle a potentially messy and "disasterous" activity.

MATERIALS: Paint, paper

G. TOPIC: Body Parts

1. SKILL AREA: Language

NAME OF ACTIVITY: I Feel with my Hands

GOALS: To teach the function of hands.

METHOD: Cut out fabrics (i.e. corduroy, silk, jersey, velvet, etc.) sandpaper, wood, cotton. Place items in a bag. Create an element of surprise by saying, "Look I have a bag, can you guess what's in it?" "I'm going to let you feel some of the things in my bag. What do we use to feel with?" Let the child take an item out of the bag. Ask, "how does it feel?"

MATERIALS: Different textured fabrics, pieces of wood, cotton.

2. SKILL AREA: Cognitive

NAME OF ACTIVITY: "Where's my Hands"

GOALS: To teach the prepositions "on" and to reinforce names of body parts.

METHOD: With the children sitting in a circle, ask them to show you their hands and point to their head. Then ask them to place their hands on their head. Then ask them to show you their knees. Tell them to place their hands on their knees. Ask them to put their hands on their eyes, nose, mouth, ears.

MATERIALS:

3. SKILL AREA: Gross Motor

NAME OF ACTIVITY: A Handy Foot Scene

GOALS: To improve large muscle coordinations.

METHOD: Dip the children's hands and feet in washable paint. Let them walk on long strips of freezer paper to make footprints and press their hands against hanging freezer paper to make handprints. Label each child's footprint, and handprint. Emphasize the colors being used and have children point to the name of the colors with their mother. A two year old will not know colors, but can imitate and point with teachers help.

MATERIALS: Freezer paper, paint, soap, water.

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APPENDIX A

The Separation-Individuation Process as Theorized by Margaret Mahler

Mahler theorizes that the emotional and physical availability of the mother and the child's dependence upon her can determine the development of the child's inherent potential. Failure on the part of the mother to provide emotional support for the child while encouraging his independence can result in social, emotional, and cognitive delays since the child does not adequately develop the independence necessary for exploration of his environment. The child also fails to develop a separate sense of self which allows assimilation of those concepts based on self-identity.

Several phases in the establishment of individuation can be identified. The first phase, in which the infant is unaware of the mother/primary caretaker and directs his energies toward having his physical needs met, is called the normal-autistic phase. As the infant becomes more aware of external objects and of the external source meeting his needs, he moves rather rapidly into the second phase, that of symbiosis. In this phase the infant functions as though he and his mother are one; they have a common bond. He needs the symbiotic tie with the mother for support because there is as yet no real distinction between the self and non-self.

The individuation process begins with the next phase, that of differentiation. During this period the infant becomes increasingly more alert to external stimuli. He begins to move from his mother's lap to investigate his world, but visually "checks back" periodically. In this way, the infant can begin to establish the basic trust that is a precondition for individuation. Such trust is difficult to develop in the context of the PLC families because of the uncertainty and instability inherent in a lifestyle dictated by struggle for survival.

The process of individuation continues during the practicing period. With increased locomotion the infant begins to explore farther away from his mother. If encouraged and supported, these new experiences will be pleasurable and will result in increased confidence to function independently.

During the latter part of the second year occurs the period of reapproachment.

Growing separation between the toddler and his mother creates an increase in the child's anxiety level. If trust has been established then the toddler has been taking for granted his mother's presence and has been almost unaware of her. Now, however, he must know where she is at every moment, and he becomes more anxious about leaving her. Mahler theorizes that this is due to the child's ambivalence toward his relationship with his mother: he desires a reunion with her, but is also striving for independence. It is critical at this time that the mother come to an understanding of her child's separate identity while nevertheless remaining available to him. The danger is that she may not deal adequately with her own anxieties concerning separation, and may respond more to her needs rather than those of her child.

Language plays an important part in the child's integration of his separate identity into his functioning since it allows him to name objects, express wishes over time and distance, and to express the concept of "I". Language also facilitates the child's ability to express conscious or unconscious wishes through play and to use play for mastery of skills and concepts.

The final attainment of individuality comes when the child is able to hold an internalized image of the mother in his mind even though she may be physically absent.

APPENDIX B

STEPS TO TEACH VOCABULARY

1. Match object to object.

   Use the phrases "show me" or "give me" or "find".

2. Find the object when teacher names the object.

3. Match the object to a picture.

4. Match a picture to a picture.

5. Find the picture when named by the teacher.

6. Find the object when teacher tells the function.

7. Find the picture when teacher tells the function.

8. Imitate the name of the object or picture.

9. Name the object or picture when asked by the teacher "What is that?" Accept answers such as one-word answers (car) "It's a car", "That's a car", etc.

10. Have child tell the function of the object when the teacher asks "What does he/she do?" or "What do you do with this?"

APPENDIX C

PEDIATRIC LANGUAGE CLINIC

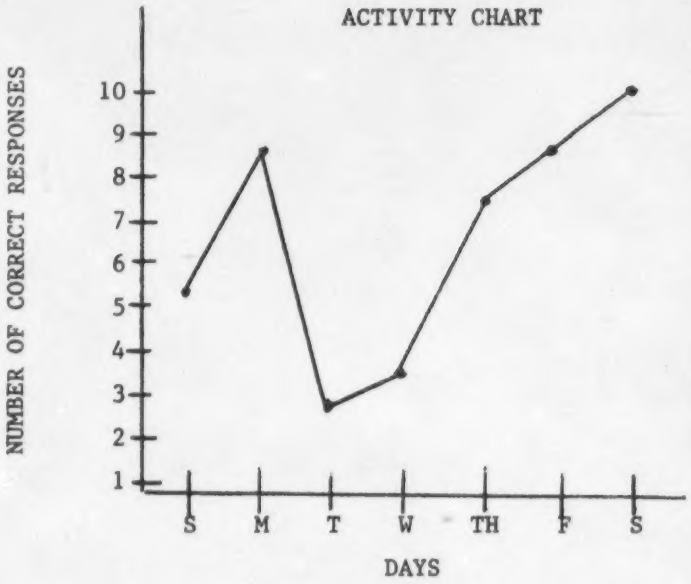
HOME THERAPY RECORD

CHILD'S NAME: Barry James

TEACHER'S NAME: Mrs. James

WEEK OF: May 5, 1980

BEHAVIOR: Identification of consonant phonemes.



DIRECTIONS:

1. Tell B. "We have 10 sounds to find. See how fast you can find them. Each sound will be one of these".
2. Place 3 sound cards on table in front of B.: /t/, /k/, /p/.
3. Review each sound for B., pointing to the sound as you pronounce it.
4. Say, "Show me /k/". Be sure to say the sound, not the name of the letter.
   a. If B. points to /k/ picture say "Good, Barry; that's /k/"; go to #5, and count 1 correct response. If B. points to another picture, say "Try again", and go to (b).
   b. If B. points to /k/ this time, say "Good, Barry; that's /k/"; go to #5; do not count a correct response. If B. points to another picture, take his finger, place it on the /k/ picture, and say, "Here is /k/"; do not count a correct response.
   c. If Barry begins playing with any object, staring vacantly, or otherwise avoiding the task, remove cards from table and turn away from him for one minute, then repeat the process outlined above.
5. Say "show me /t/."
   a. Repeat the process outlined in #4.
6. Repeat the process 10 times, varying the target sound between /t/, /k/, and /p/.

APPENDIX D

A Token Chart to Encourage Performance
for Self-Help Skills

Mother: Hang this chart on back of bathroom door or on wall near door.

BRUSH TEEH	★
TAKE BATH	

Note: If the child receives five stars he should also receive a surprise, e.g., small toy, trip to park, milk shake, etc.

APPENDIX E

A Sample "Hand-Out" Form

Given to Parents & Various Professional Workers

PEDIATRIC LANGUAGE PROGRAMS
Pediatric Language Clinic: Blount County
DEPARTMENT OF AUDIOLOGY AND SPEECH PATHOLOGY
UNIVERSITY OF TENNESSEE
KNOXVILLE, TENNESSEE 37916

LOCATED IN:

Blount County: Monte Vista Baptist Church
Old Niles Ferry Highway
Maryville, Tennessee
Phone: (615) 984-0622

STAFF:

Sol Adler, Pediatric Language Program Director
Charlotte Farrar, M.A., Program Supervisor
Kelly Widner, M.S.S.W., Social Worker
Byron Jones, Program Aide

PURPOSE:

To provide counseling for families of children with delayed speech and language in the areas of

(1) emotional support
(2) child-rearing techniques
(3) behavior management
(4) home-training techniques

SERVING:

Families of speech and language delayed children ages 0 to 5 years. Families must be eligible under Title XX guidelines.

FEES:

Free of charge. The program is funded, in part, under an agreement with Tennessee Department of Human Services through Title XX. Additional funding provided by the University of Tennessee and United Way.

PROGRAM COMPONENTS:

Infants -- Birth to 18 months

A six-week course (1½ hours one day per week) will be provided for high risk* babies and their mothers. The course will consist of lectures, discussion and demonstration in the following developmental areas: language comprehension and expression, social and motor skills, and problem solving. The social worker will contact each family at the end of the six weeks to determine further program needs.

*By high-risk we refer to those infants who may well develop later learning and language problems due to (1) complications developed during pregnancy or birth, (2) older siblings with communication disorders, (3) home situations.

Preschool -- 18 months to 5 years

This program consists of a 2-day per week (approximately 1 hour per day) in-clinic program for identified children. Parents will be involved in observation and active participation as well as in group and individual discussions. Home visits and home training included.

Diagnostics

The program offers complete social, behavioral, hearing, speech and language, and gross and fine motor evaluations.

REFERRALS:

Anyone may make referrals to the program by contacting the staff at either the Maryville Clinic, or the University of Tennessee (615) 974-5017.

APPENDIX F

PEDIATRIC LANGUAGE CLINIC
Department of Audiology and Speech Pathology
University of Tennessee
Knoxville, Tennessee 37916

CASE HISTORY (CHILD)

Clinic Case No:_____ Date:_____

Name:_____ Age:_____ Sex:_____
Adress:_____ Phone:_____ Birthdate:_____
Informant:_____ Relationship to Case:_____
Referred by:_____ Referral Reason:_____
Address:_____ Interviewer:_____

FAMILY HISTORY

Father:

1. Full Name:_____ Age:_____
2. Education_____
3. Present Occupation_____ Employer_____

Mother:

1. Full Name_____ Age:_____
2. Education_____
3. Present Occupation_____ Employer_____

Present Marital Status_____

Brothers and Sisters:

Name	B.D.	Sex	Grade	Any Speech, Hearing, Learning problems?

How many brothers and sisters living at home?_____ Other persons living in household?

_____

Describe the child's problem in your own words. _____

_____

_____

When was problem first noticed?_____

By whom?_____

What do you think caused the problem?_____

_____

What do you want to learn from this evaluation?_____

_____

_____

Birth, Developmental, and Health History:

Number of pregnancies_____. Has the mother had any miscarriages, or any children who died shortly after birth?_____. Describe mother's health during pregnancy_____

_____. Was there anything unusual about the pregnancy, such as being confined to bed, having an operation, x-rays, accidents, disease, etc?_____. Exposure to any infectious diseases during pregnancy?_____. Duration of length of pregnancy?_____ months. Duration or length of labor_____hours. Was there anything unusual about delivery?_____ Drugs used?_____ Type of Birth (normal, Cesearean, breech, etc.)_____. Birth weight_____. Skin coloring at birth (jaundiced, blue, red, etc.)_____. Was baby placed in an incubator?_____ Did baby breathe easily at birth?_____ Was there anything unusual about infant's crying?_____ Did the baby have any difficulty sucing or swallowing?_____ Is there any additional information about the mother or baby which should be reported?_____.

Give approximate age when first:

sat up without support _____
crawled _____
walked alone _____
fed self with spoon _____
gained control of bladder_____
gained control of bowels _____
dressed self _____

Does child:

have any sleeping problems? _____
have any feeding problems? _____
prefer the right or left hand? _____
pick up and hold objects readily?_____
seem awkard? _____

Speech and Language History:

Describe your child's early reactions to sound:_____
At approximately what age did he: (1) babble?_____, (2) use first words meaningfully? _____, (3) use phrases:_____
What were first words other than "mama" and "dada"?_____
How did he compare with his brothers and sisters in speech development?_____
Was early speech easy to understand?_____ if not, how would you describe it?_____ _____. Was he readily able to understand the speech of others?_____ _____.

Circle the numbers which apply to child's present communication abilities.

1. Does not understand anything said to him.
2. Understands very little of what is said to him.
3. Understands what is said when speaker gestures.
4. Understands simple statements and commands.
5. Clearly understands everything said to him.

Use of Speech:

1. Does not use speech or gestures to communicate.
2. Uses gestures but no speech.
3. Uses only a few words.
4. Speaks in complete sentences.

Is child's speech difficult to understand?_____ Any other comments about child's communication?_____

Does he seem to hear normally?_____ If not, explain_____

_____

Has he ever complained of pain in either ear?_____ When?_____
Which ear?_____ For how long?_____ Was he examined by an ear specialist?_____ If yes, by whom?_____
What was recommended?_____
Does he seem to hear better in one ear than the other?_____ Which ear?_____
Is he wearing a hearing aid?_____ Make and model_____
Does your child have any other problems such as not seeing well, poor coordination, falling, or loosing balance easily, mental retardation, emotional problems, brain injury, etc.?_____ If yes, describe:_____
Has he ever had an intelligence test?_____ When?_____Where?_____
What were you told?_____

Please list all people, agencies, or clinics you have consulted about the child's problems. Include such persons as pediatricians, psychiatrists, psychologists, neurologists, otologists, audiologist, speech therapists, etc.

Date	Name and Speciality	What were you told?
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Educational Background:

List below any formal or informal educational experience your child had (i.e., nursery, kindergarten, play group, etc.)

Name of School	Grade	Dates Attended
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

How did your child get along in this setting with his playmates?_____
His teacher?_____ Did he have difficulty adjusting to the temporary separation from family members?_____

Environmental Background:

Type of community (city, town, country)_____ Home (house, apt., mobile home)_____. Does child share bedroom or bed with anyone?:_____
_____. Does family receive any financial help from outside sources (AFDC, SSI, Medicare, Medicaid, etc.)_____ Has anyone in either the father's or mother's family had any of the following problems: Mental illness, neurological disease, convulsions, etc.?_____ Any family incidence of unusual health or learning problems not listed above:_____

General Behavior:

Check characteristics below which seem to apply to your child:

_____friendly
_____nervous
_____shy
_____tantrums
_____thumbsucking
_____bedwetting
_____hyperactive
_____does not get along with others
_____stubborn
_____plays alone
_____plays with younger children
_____plays with older children

What form(s) of discipline do you usually use with your child?_____

_____

Any other comments about his behavior?_____

What are his favorite pastimes and playthings?_____

_____

_____
Signature

APPENDIX G

Case No. *(For DHS use only)*

APPLICATION FOR TITLE XX SERVICES

Agency

☐ INITIAL
☐ REDETERMINATION

IDENTIFYING INFORMATION:

I am applying for social services for

(Name(s))

Address
(Number and Street) (City) (State) (Zip Code)

County Phone Number

LIST FAMILY MEMBERS LIVING IN THE HOME:

Name	Relationship	Sex	Race	Birth Date	Social Security No.

Is the person needing service disabled? ☐ Yes ☐ No If yes, what is the nature of the disability?

Check if the person needing service is a recipient of: ☐ AFDC ☐ SSI ☐ Medicaid Only

INCOME INFORMATION:

Eligibility for services is based on a family's monthly gross income from the following sources. Both the husband and wife's income must be considered so report both. A single adult (18) years or above) should report only his (her) income.

Income Sources to Be Reported	Amount of Monthly Gross Income			List employer, kind of benefits, pension, savings, etc.
	Man	Woman	Child(ren)	
1. Money, Wages, or Salary				
2. Net Income from Non-Farm Self-employment				
3. Net Income from Farm Self-employment				
4. Social Security				
5. Dividends, Interest (on savings or bonds from estates or trusts, net rental income or royalties)				
6. Welfare Payments (AFDC or SSI)				
7. Pensions and Annuities				
8. Unemployment Compensation				
9. Worker's Compensation				
10. Alimony				
11. Child Support				
12. Veterans' Pension				
TOTAL				

CLIENT DECLARATION: *I certify that the above information is true and correct. I also understand my obligation to report any changes in family income or family size. I further understand that if I willfully withhold any information or willfully give false information or misrepresent the circumstances of anyone for whom services are requested and thereby receive services to which I am not entitled that I will be subject to criminal prosecution under the laws of the State of Tennessee. My right to appeal the decision concerning services has been discussed with me.*

RELEASE OF INFORMATION: *I further understand and agree to cooperate if a representative from the Department of Human Services or Title XX or provider agency requests verification of income and family size.*

Signature of Client or Representative Date Relationship of Representative to Client

Witness (needed only when signing with a mark) Date

☐ Client notified of approval at initial or redetermination interview

HS-0412

4221 (8-79)

(For Office Use Only)

ELIGIBILITY DETERMINED

Name(s) of Eligible Primary Client(s)	Service(s) Requested and Need for Services	National Goal(s)	Eligibility Category

VERIFICATION OF INCOME OR INCOME MAINTENANCE STATUS:

_____

_____ Date _____

VERIFICATION OF DISABILITY: (For the 80% income level due to disability or the 115% level)

_____ Date _____

The determination of income eligibility was made on the _____ income standard for _____ persons.
(70%, 80%, or 115%)

Eligibility Period: From _____ Review Due _____

_____ Date _____
(Worker's Signature)

INELIGIBILITY DETERMINED

Name(s) of applicant(s) who are ineligible _____

Reason(s) _____

_____ Date _____
(Worker's Signature)

4221 (8-79)

HS-0412

APPENDIX H

INFANT STIMULATION ACTIVITIES*

SKILL AREA: Personal-Social DEVELOPMENTAL LEVEL: 6 Weeks-2 Months

TITLE: Tickle Play

PURPOSE: To increase self-awareness and make the infant aware of his body.

MATERIALS/EQUIPMENT: None

PROCEDURE:

1. Tickle various parts of infant's body (i.e., sole of feet, tummy, chin, hand, etc.)
2. Verbalize to the infant what you are doing (see below).

LANGUAGE EMPHASIS:

Name the body parts as they are touched, i.e., "Tickle your toes, tickle your tummy, etc."

ADDITIONAL ACTIVITIES:

For older children or toddlers, have the child tickle you and name the body parts.

*Compiled by Susan Commons-Starnes, and Dianne Booth Sontag, Pediatric Language Institutes, 1979. These activities are taught to the mothers of high-risk infants. As can be noted, the emphasis in our program is the enhancement of communication skills.

SKILL AREA: Motor DEVELOPMENTAL LEVEL: 6 weeks-2 months

TITLE: Follow up

PURPOSE: To enhance the infant's ability to support the upper body with his/her forearms.

MATERIALS/EQUIPMENT: A penlight or a colorful, favorite object.

PROCEDURE:

1. Place the infant on his/her stomach.
2. Kneel or stand in front of the child and hold a light or some stimulating object about one foot from the child and two or three inches over the head.
3. Encourage the infant to support his/her bodyweight on the forearms and the lower portion of the body by moving the light or toy so that the child raises his/her head to watch.

LANGUAGE EMPHASIS:

Say the following phrases as you do the activity: "Up, up, up; Look and see; Where is the light (or whatever)?" Cooing and babbling is appropriate. Label the objects (i.e. "Look at the pretty rattle", etc.). Talk about your and the infant's actions.

ADDITIONAL ACTIVITIES:

SKILL AREA: Motor

DEVELOPMENTAL LEVEL: 6 weeks-2 months

TITLE: Legs Choo! Choo!

PURPOSE: To strengthen leg muscles.

MATERIALS/EQUIPMENT: None

PROCEDURE:

1. Place infant on his/her back.
2. Push his/her legs up to a kneebend and then return legs back to the starting position. The legs can also be moved alternately (i.e. one leg out straight and the other pushed into a kneebend).
3. Do this exercise 4 or 5 times.

LANGUAGE EMPHASIS:

Talk to the infant as you are exercising him/her. Label body parts as touched: "In and out go the legs; Up short and down long; Legs go fast (choo! choo!); and legs go slow (chugalug, chugalug)."

ADDITIONAL ACTIVITIES:

SKILL AREA: Motor DEVELOPMENTAL LEVEL: 3-6 months

TITLE: Leg Roll Overs

PURPOSE: To exercise the muscles in the legs, back and waist.

MATERIALS/EQUIPMENT: None

PROCEDURE:

1. Place the baby on his/her back and take one leg in each hand.
2. Cross his/her legs, right over left, and pull the left leg until (s)he rolls over first on his/her left side and then onto his/her tummy. Do slowly - the baby will strain more and cooperate more.
3. Roll to the left and right 4 or 5 times a day. As soon as (s)he is able to do this exercise, simply turn him/her on his/her side and (s)he will complete the roll him/herself.

LANGUAGE EMPHASIS:

Talk to the baby about what you're doing: "Over baby goes; Push, now you're on your tummy, etc."

ADDITIONAL ACTIVITIES:

SKILL AREA: Motor DEVELOPMENTAL LEVEL: 3-6 months

TITLE: Grab For It

PURPOSE: To strengthen reaching and grasping skills and eye-hand coordination.

MATERIALS/EQUIPMENT: Empty spool of thread, piece of stretch or elastic thread.

PROCEDURE:

1. Wrap a short piece of elastic thread around the empty spool.
2. At this earliest age, while the infant is laying on his back, dangle the object in front of his/her face and let the infant reach for it, then gently pull up on the thread to create a stretch effect. At 3 months the infant may not be able to catch the spool, so you might first place it in his/her hand and then gently pull on the elastic.
3. Verbalize continously to the infant during the activity (see below).

LANGUAGE EMPHASIS:

"Grab; Baby catch; Pull-push; etc."

ADDITIONAL ACTIVITIES:

For the older infant (6-9 months), wrap a short piece of string or yarn around the spool (or cardboard cylinder, etc.). Encourage the baby to grasp and pull the yarn to unwind and release the cylinder. Rewrap the spool and encourage the baby to repeat the activity.

SKILL AREA: Language/Cognition DEVELOPMENTAL LEVEL: 6-9 months

TITLE: Hand Puppets

PURPOSE: To stimulate child's language and verbalizations.

MATERIALS/EQUIPMENT: Socks with faces sewn on them, any store-bought hand puppets, felt puppets.

PROCEDURE:

1. First, place the puppet on the adult hand, using the puppet as a visual cue. Verbalize to the child what the puppet is doing (see below).
2. Place the puppet on the child's hand. Continue to verbalize actions.

LANGUAGE EMPHASIS:

1. Naming body parts (i.e. "Little tummy; I got your nose.").
2. Labeling clothing (i.e. "Shoes; Pretty dress.").
3. Labeling objects in your environment.
4. "Hi! Bye-bye!"
5. Labeling action (i.e. hopping, rocking, sleeping, etc.).

ADDITIONAL ACTIVITIES:

Have the older infant (12 months +) verbalize action of the puppet.

SKILL AREA: Motor DEVELOPMENTAL LEVEL: 6-12 months

TITLE: Self-Feeding

PURPOSE: To aid the child in self-help skills, tactile recognition of different foods and in hand to mouth coordination skills.

MATERIALS/EQUIPMENT: High chair, food, drop cloth, spoon and cup, infant dish with suction cups on the bottom.

PROCEDURE:

1. Remove most of the child's clothing.
2. Place a dropcloth under the high chair.
3. Secure the dish to the tray.
4. Let the infant self-feed with his/her fingers.
5. Indicate and label the food(s) being eaten and the action being performed.

LANGUAGE EMPHASIS:

Label the food and the baby's actions (i.e. "Mmm-good!; Baby eat; Big boy/girl!").

ADDITIONAL ACTIVITIES:

Let the older infant "practice" eating with a spoon.

SKILL AREA: Motor DEVELOPMENTAL LEVEL: 15-18 months

TITLE: Pop Beads

PURPOSE: To develop eye-hand coordination and skills of grasping.

MATERIALS/EQUIPMENT: Plastic pop beads, bowl to contain them.

PROCEDURE:

1. Show the child the pop beads.
2. Pull them apart and help the baby put them together.
3. Place the beads around the child's neck, wrist or foot and have him/her pop them off.

LANGUAGE EMPHASIS:

1. Talk about the colors and shapes of the beads.
2. Count the beads.
3. "See your pretty necklace, bracelet, etc."

ADDITIONAL ACTIVITIES:

SKILL AREA: Motor DEVELOPMENTAL LEVEL: 15-18 months

TITLE: Flip-Tops

PURPOSE: To develop hand and finger coordination eventually used in writing skills.

MATERIALS/EQUIPMENT: Large sheet of plywood, attach various sizes of empty plastic bottles, empty margarine tubs and empty flip-top pill containers to the surface with cement glue or anything similar.

PROCEDURE:

1. Place the sheet of plywood with the attached objects on a table accessible to the children.
2. Demonstrate to the children the variety of ways to open and close the containers.
3. Encourage the children to manipulate the bottles and containers, verbalizing as you observe.

LANGUAGE EMPHASIS:

Emphasize the words, "Open/shut, pull, snap, bottle(s), big/small, etc."

ADDITIONAL ACTIVITIES:

SKILL AREA: Motor DEVELOPMENTAL LEVEL: 18-24 months

TITLE: Object Transfer

PURPOSE: To help develop finger-hand skills, judgment of distance and eye-hand coordination.

MATERIALS/EQUIPMENT: Plastic bowls, pair of tongs, blocks, small toys.

PROCEDURE:

1. Place two bowls on a tray and fill one with objects.
2. Demonstrate the activity by transferring one object to the other bowl with the tongs.
3. Let the child play with objects and encourage him/her to transfer the objects from one container to the other.

LANGUAGE EMPHASIS:

During this activity, verbalize what the child is doing and label the objects he is using (i.e. Pick up the ball; Good! Now put it in the yellow bowl, etc.").

ADDITIONAL ACTIVITIES:

As the child becomes more adept at transferring objects, fill the bowl with smaller objects to make the task more difficult.

SKILL AREA: Motor DEVELOPMENTAL LEVEL: 18-24 months

TITLE: Making Pretzels

PURPOSE: To develop arm and hand musculature.

MATERIALS/EQUIPMENT: Bisquick mix, a table covered with white paper, a beaten egg, basting brush, melted butter, cookie sheet, salt.

PROCEDURE:

1. Prepare the Bisquick according to the box directions for making rolls.
2. In a separate bowl beat an egg.
3. Give each child just enough dough so that (s)he can roll and manipulate it with their hands. (Be sure the children have washed their hands).
4. Allow each child to roll or press the dough into a circle.
5. Allow each child to baste their dough with melted butter with the basting brush.
6. Place the pretzel on a cookie sheet. Bake in a 425 oven for five minutes on each side. Let cool. So enjoy!

LANGUAGE EMPHASIS:

As the children are preparing the dough, talk about what they are making, "Good pretzels to eat." The action taking place: "Roll the dough; Push hard; Paint it with butter;" Shapes (i.e. circles), texture, taste, warm, cool, hot.

ADDITIONAL ACTIVITIES:

With older children, have the children roll the dough into hot dog shapes, numbers or even letters. The dough can also be braided.

SKILL AREA: Motor DEVELOPMENTAL LEVEL: 24 months +

TITLE: Rabbit Hopping

PURPOSE: To develop balance and strengthen leg muscles.

MATERIALS/EQUIPMENT: A story or pictures of a rabbit.

PROCEDURE:

1. Show the children pictures of rabbits and talk about the way they move.
2. Have the children hop like a rabbit first using both feet then using one foot. Have them hold their hands above their heads for the rabbit's ears.

LANGUAGE EMPHASIS:

"Bunny hop, hop, hop." "Bunny wiggles his/her ears - wiggle, wiggle, wiggle."

ADDITIONAL ACTIVITIES:

1. Bring in a real rabbit for the children to see.
2. Read the children a story about rabbits.
3. Make rabbit ears out of construction paper and put on a headband for the children to use while they're hopping.